



MARICOPA
COMMUNITY
COLLEGES[®]

MCCCD EMPLOYEE ADDRESS/NAME CHANGE FORM
Return to Payroll Department

Name Change Only: Prev. Name: _____

You must include: SS Card with new name, new W-4 and A-4

Employee Information

Last Name, First Name		Employee ID:
New Home Address or Post Office Box		Home Phone #
New City, State and Zip Code		Campus Location:
Employee Signature	Today's Date	SS#

Payroll Use Only

Input Date	Initials	Email Sent	PPE Date
------------	----------	------------	----------

Instructions:

Name Change:

If you are changing your name, please fill out complete form including previous name and employee information. Include a copy of your social security card with your new name and a new W-4 and A-4 with your new name.

Address Change:

If this is an address change only, please fill out Employee Information and sign.

For Name Changes and Address Changes: If you are an Arizona State Retirement (ASRS) participant, you will need to contact Arizona State Retirement @ 602-240-2000 or [https://www.azasrs.gov/content/pdf/forms/Change Of Address Or Name.pdf](https://www.azasrs.gov/content/pdf/forms/Change%20Of%20Address%20Or%20Name.pdf)